

Application Data Sheet
Application Information

Application type:: Regular
Subject matter:: Utility
CD-ROM or CD-R:: None
Number of CD disks:: None
Number of copies of CDs:: None
Sequence submission?:: No
Computer readable form (CRF):: No
Number of copies of CRF:: None
Title:: **POWER SUPPLY DEVICE FOR
PERIPHERAL DEVICE**
Attorney docket number:: *CHH3004/Em*
Request for early publication?:: No
Request for non-publication?:: No
Suggested drawing figure::
Total drawing sheets:: 2
Small entity?:: Yes

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: **TAIWAN, R.O.C.**
Status: Full capacity
Given name:: *Li-Chun*
Middle name::
Family name:: **CHIH**
Name suffix:: None
City of Residence:: **Taoyuan Hsien**
State or province of residence:: n/a
Country of residence:: **TAIWAN, R.O.C.**

Street of mailing address:: No. 10, Alley 3, Lane 2, Hsiangyun
St., Longtan Shiang,
City of mailing address:: Taoyuan Hsien,
State or province of mailing n/a
address::
Country of mailing address:: TAIWAN, R.O.C.
Postal or zip code of mailing n/a
address::

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: TAIWAN, R.O.C.
Status: Full capacity
Given name:: Yu-Wen
Middle name::
Family name:: HSIAO
Name suffix:: None
City of Residence:: Taoyuan Hsien
State or province of residence:: n/a
Country of residence:: TAIWAN, R.O.C.
Street of mailing address:: No. 10, Alley 3, Lane 2, Hsiangyun
St., Longtan Shiang,
City of mailing address:: Taoyuan Hsien,
State or province of mailing n/a
address::
Country of mailing address:: TAIWAN, R.O.C.
Postal or zip code of mailing n/a
address::

Correspondence Information

Correspondence customer number:: 23364
Phone number:: 703-683-0500

Fax number:: 703-683-1080

E-mail address:: Mail@baonthomas.com

Representative Information

Representative customer number:: 23364

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
No			

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::

Assignee Information

Assignee name:: No

Street of mailing address::

City of mailing address::

State or province of mailing address::

Country of mailing address::

Postal or zip code of mailing
address::